

EXHIBIT 5

NICOLE A. SERRA

given the nature of the deposition, I may be asking the question, and you may think you know what I'm about to ask you; what I would ask you to do, though, is wait for me to finish and then you can respond; okay?

A. Okay.

Q. One, sometimes I ask a totally different question from the one that you believe I was going to ask. And, two, the court reporter can't take us both talking at once; okay?

A. Sure.

Q. Are you employed?

A. Yes, I am.

Q. By whom are you employed?

A. Lawrence Hospital Center.

Q. For how long?

A. It will be two years on April 24, I think is the exact date.

Q. In what capacity?

A. I'm a social worker there.

Q. Has your title changed at all?

A. No.

Q. What's your educational background?

A. I have a master's degree in social

1 NICOLE A. SERRA

2 work. I have a license by taking an exam. I'm a
3 licensed clinical social worker.

4 Q. When did you receive that license?

5 A. Let's see, initially, my license was --
6 I need to think.

7 Q. That's okay.

8 A. Because I'm not exactly certain. I was
9 grandfathered into the licensed clinical social
10 worker prior to working at Lawrence Hospital. So I
11 would say probably two-and-a-half, two and three-
12 quarter years ago. My initial license was October
13 of '04, I believe.

14 Q. What do you mean by "grandfathered in"?

15 A. Because I had all of the criteria, I
16 didn't have to re-take a second test. So I filled
17 out paperwork, and that was submitted, and I
18 received my updated license.

19 Q. What were the circumstances in which
20 you came to be hired at Lawrence?

21 A. Actually, through Carole.

22 Q. Okay.

23 A. Carole and I worked together
24 previously. I was at Phelps Memorial Hospital
25 Center in Sleepy Hollow. Carole came there about a

1 NICOLE A. SERRA

2 A. Yes.

3 Q. What did you understand that to mean as
4 compared to what you were doing at Phelps?

5 A. Well, Phelps is psychotherapy. They do
6 mental health counseling in an outpatient clinic
7 setting with psychiatrists and other social workers.
8 And at Lawrence Hospital, we do discharge planning
9 mainly and deal with, basically, any and all social
10 issues that could come up, whether it be someone is
11 homeless, someone needs money, someone has problems
12 at home. So you are giving small doses of
13 supportive counseling to people, but you're not
14 developing a longstanding relationship. Where at
15 Phelps, I would have clients for three, four years.
16 Here, when they're in there for their stay at the
17 hospital, they get discharged, and sometimes you
18 have connection with them for a follow-up or
19 community referral.

20 Q. How long had Ms. Newmark been employed
21 prior to your start date of April 24th, 2006?

22 A. About one month. She had gone in
23 March. I think it was the middle to the end of
24 March. We're about a month apart.

25 Q. And when you were hired, did you

1 NICOLE A. SERRA

2 receive any training?

3 A. I caught unofficial training. What I
4 feel, that Carole did the best that she could do to
5 train me with the resources that she was provided
6 with.

7 Q. What do you mean by that?

8 A. Meaning that I understood, in
9 conversation, with Carole, between her and I, that
10 there was supposed to be a social worker there to --
11 that she would be shadowing. Someone that she had
12 known professionally previously. When Carole had
13 come there, I don't believe that she was there. And
14 she was kind of learning a lot of stuff, you know,
15 by experience, more or less. I know she had
16 -- previous hospital experience, but that was ten,
17 eleven years before that, and that model has
18 changed. It used to be social-work model, now it's
19 more a case-management-driven department.

20 Q. - What do you understand that to mean as
21 opposed to a social-work model?

22 A. With social-work model, it was -- you
23 had several social workers covering, doing the
24 discharge planning primarily on all of the cases.
25 Now, it's more specified cases. Managers deal with

1 NICOLE A. SERRA

2 the majority of the cases, and we get called in for
3 more specific types of situations, social issues.
4 You know, like I said, homeless patients,
5 psychiatric patients, and if there is difficulty
6 within the case or the discharge plan because of a
7 safety issue at home or whatever.

8 Q. Did there come a time that there was a
9 patient that was due to be discharged, while Ms.
10 Newmark was employed there, that was homeless?

11 A. I can't speak specifically. But yes, I
12 know that there -- we deal with several, many
13 homeless patients.

14 Q. Was there ever a time that there was a
15 proposal to discharge the homeless patient to a
16 supermarket parking lot?

17 A. I don't recall that.

18 Q. Do you recall having any communications
19 with Ms. Newmark in which there was discussion that
20 Cathy Magone wanted a homeless person discharged to
21 a supermarket?

22 A. No, I don't recall that.

23 Q. Are there any documents that you can
24 use to refresh your recollection?

25 A. That I have on myself?

1 NICOLE A. SERRA

2 Q. No, not necessarily on yourself. Is
3 there anything that you can think of that would
4 refresh your recollection, whether it's here or
5 whether it would be in your notes at the hospital,
6 or anywhere else?

7 A. There might be. Was it a patient of
8 mine?

9 Q. I'm asking.

10 A. Okay.

11 Q. As you sit here today, can you recall
12 anything that would refresh your memory?

13 A. No.

14 Q. Okay.

15 A. I don't.

16 Q. Did you have an understanding what your
17 job as a social worker in the case management system
18 would be?

19 A. It always was changing. There was
20 never a -- it was supposed to be one thing at times.
21 At other times it was other things. It was -- we
22 had lots of difficulty establishing social-work
23 position within a department. We actually had sat
24 down, Carole and I, at some point with our boss with
25 a document for social work that was supposed to be

1 NICOLE A. SERRA

2 kind of revised to reflect what it is, in fact, we
3 were supposed to be doing.

4 Q. And did that occur?

5 A. Yes, it did.

6 Q. Okay. What document are you talking
7 about?

8 A. It's -- it was a document for basically
9 like your job description as social worker.

10 Q. And your boss was who?

11 A. Cathy Magone.

12 Q. And what -- you said this was at a
13 meeting --

14 A. Uh-huh.

15 Q. -- with her? Is that a yes?

16 A. Yes, yes.

17 Q. And what was said during this meeting?

18 A. I don't recall the content of the
19 meeting. I know the meeting was generally about
20 reviewing the documents, seeing how we felt about
21 what was in the document. And if, you know, we felt
22 it was appropriate or not appropriate.

23 Q. And what response, if any, did you or
24 Ms. Newmark have?

25 A. We felt it was appropriate.

NICOLE A. SERRA

Q. What was the document -- withdrawn. What did the document contain specifically, if you recall?

A. Different types of, like, overheads about if there is a patient with psychiatric illness, or if their need was to be transferred to another facility, talking about -- just the different types of patients that would be labeled as social-work cases versus the typical patient that comes in that will need a short-term rehab, or will need to have home-care services. Generally, we would not deal with those unless there was a social issue. But oftentimes we would get into situations with our case managers about what they were supposed to be doing, what we were supposed to be doing, whose case it actually was, and that is what drove this meeting. Because there was a lot of confusion, I don't think on my boss's part, but more or less in our departments, about who was supposed to be doing what.

Q. When you say your boss's part, who is that?

A. Cathy Magone.

Q. Okay. And "our department," meaning

NICOLE A. SERRA

who?

A. Case management.

Q. Okay. Apart from you, Ms. Newmark and Cathy Magone, were there any case managers at the meeting?

A. No, not that I recall, no.

Q. Was there anything in writing as to what the nature of your responsibilities as a social worker would be as compared to the case managers?

A. I'm not sure what you're asking.

Q. Was there anything in writing concerning what your job function would be in the case management model?

A. That's what this list was that I was talking to you about.

Q. What about with respect to what the job responsibilities would be for the case managers and the other staff in the case management model?

A. That wasn't really brought into our meeting, because it was more specific about what we were to be doing with those cases.

Q. When did this meeting take place?

A. I don't recall. It was before -- Carole was not there. So it was within the time

1 NICOLE A. SERRA

2 was eventually formed?

3 A. No unit, no.

4 Q. Or division or program?

5 A. Programs, right, was developed. Maura
6 Del Bene was the nurse practitioner that came in
7 May, so right after me. And she was working on
8 establishing a palliative care program or service.

9 Q. Are you involved in that service now?

10 A. Currently, I'm not the palliative care
11 social worker.

12 Q. Do you know if there is one?

13 A. There is one that was just recently
14 hired. I'd say about -- within a month or so, month
15 and a half she has been working for us.

16 Q. And her name is?

17 A. Mary O'Donnell, two N's and two L's.

18 Q. And do you know whether Ms. O'Donnell's
19 duties included anything else apart from that
20 program?

21 A. They do not. They're strictly for
22 palliative care.

23 Q. And what do you understand palliative
24 care to be?

25 A. Well, palliative care is a service

1 NICOLE A. SERRA

2 that's for patients, you know, there is kind of like
3 a little flow sheet that we can look at, some
4 medical terminology that would refer someone to
5 palliative care. Oftentimes, people associate it
6 with end-of-life or terminal care, which oftentimes
7 it is. But it's also for patients that have, like,
8 MS, longstanding illnesses, helping to deal with
9 their pain management, comfort, it encompasses
10 everything, almost from a psycho-social aspect of
11 all of the different, you know, types of situations
12 that would be going on in that patient's life. And
13 palliative care is utilized to help coordinate and
14 organize the patients and their family or their
15 environment.

16 Q. Did there come a time that you learned
17 that you would be an active part of the palliative
18 care service?

19 A. Uh-huh.

20 Q. Is that a yes?

21 A. Yes, sorry.

22 MR. KEIL: That's okay.

23 Q. That is okay.

24 MR. KEIL: It's very human to
25 do that.

1 NICOLE A. SERRA

2 conversations about what happened. I know that, you
3 know, she was unhappy about the situation. But
4 also, she reassured me that she was not angry at me.
5 I never felt that she was angry at me for the
6 situation. It was kind of the thing that was
7 decided that was out of our hands.

8 Q. Did she ever advise you, in words or
9 substance, what Ms. Magone told her?

10 A. No.

11 Q. Okay. Do you recall ever stating --
12 her ever stating to you that Ms. Magone told her, in
13 words or substance, that the reason you were
14 selected was because you were younger?

15 A. I did recall Carole saying something to
16 me along the lines about that, you know, longevity
17 or age or something along the lines of that. Carole
18 had -- Carole did say that to me.

19 Q. But you don't recall exactly what?

20 A. I don't. It was a long time ago.

21 Q. Sure. And but Ms. Newmark made it
22 clear to you that she wasn't angry at you?

23 A. Absolutely.

24 Q. Okay. When did you cease being
25 involved in the palliative care service?

EXHIBIT 6

ROSEANN O'HARE

1
2 A. When we first started the program in
3 May of 2006, it was Maura Del Bene, Dr. Page and
4 myself who were trying to develop the program. And
5 as we started the program, we were trying to build a
6 team, because there were some patients who had some
7 social work needs. And during our conversations
8 when we were talking about palliative care service,
9 because it was a new service at the hospital, we
10 thought that we needed a social worker to be part of
11 our team as well.

12 Q. Did there come a time there was a
13 decision to appoint a social worker to the
14 palliative care? -

15 A. No, I don't think there was a decision.
16 It was -- we had two social workers at the time, and
17 we didn't appoint anyone. It was -- I think Maura
18 probably spoke with Carole about being part of the
19 team. But there was no -- we didn't have a
20 discussion about who would be appointed to it,
21 because the social worker has other duties within
22 the hospital as well, so they wouldn't be appointed
23 solely for that.

24 Q. That is -- withdrawn. I'm not asking
25 solely for the palliative care. Did you ever

ROSEANN O'HARE

1
2 participate in any communications concerning
3 appointing one of the two social workers to the
4 palliative care services unit as part of their
5 duties?

6 A. The only conversation that I had was
7 after Maura had been working with Carole, and she
8 came -- because I met with Maura on a regular basis
9 about the program -- she came to me to say that she
10 didn't feel that Carole was following up with some
11 things that she had given her. And she was going to
12 approach, I think, the other social worker.

13 Q. Did you ever communicate with Cathy
14 Magone concerning the selection of a social worker
15 to the palliative care service?

16 A. No.

17 Q. When did you have this communication
18 with Ms. Del Bene about her communication with Ms.
19 Newmark?

20 A. I don't remember when. We started the
21 program in May of 2006, that is when Maura was first
22 hired, and it was probably some time within the --
23 I'm sure the first six months; I don't know exactly
24 when we talked about that.

25 Q. Did that -- did there come a time where

ROSEANN O'HARE

recommendation.

Q. Did you have any issues concerning her performance or anything like that in your capacity as VP for patient services?

A. I don't remember. I mean, the only thing that I remember is about Maura telling me that she had given Carole some things to follow up, I think a policy, and she didn't follow up with that.

Q. Okay. But with you directly?

A. I don't remember. I mean, it was only one other time that -- I think Carole and Nicole were fairly new at the same time, and -- but I don't remember that I had any conversation about it. I did think that it was a little odd one day when Carole came to me to sign off on one of those, and the other social worker was with her, which I just thought was -- you know, why were two social workers -- seemed to me a little waste of time, two social workers to be doing it for you, one patient.

Q. So your perception was the two -- the two of them weren't needed at that time to do this one task?

A. Oh, I never seen two do it before or since.

ROSEANN O'HARE

Q. Did you have an understanding that Nicole Serra was shadowing Ms. Newmark?

A. I think she was, because I think she was the newer social worker. Carole had been there.

Q. Apart from that example you provided just now, anything else?

A. No, I don't remember anything else.

Q. Okay. Are there any documents that you can use to refresh your recollection?

A. No.

MS. NICAJ: That's it.

MR. KEIL: Can I just ask one question of the witness?

MS. NICAJ: Sure.

EXAMINATION BY MR. KEIL:

Q. Did you communicate any of the concerns Maura Del Bene had expressed to you about Carole Newmark to Cathy Magone?

A. Yeah, I could have done that. I could have expressed that to Cathy.

Q. Do you remember doing so?

A. I remember having a conversation with Cathy Magone about -- about the fact that Maura felt that Carole was not following up on some of the work

ROSEANN O'HARE

that she had given her. And that Maura was probably
going to be -- to start working with Nicole.

MR. KEIL: Thank you.

MS. NICAJ: I have nothing
further. Thank you.

THE WITNESS: Thank you.

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(Time noted: 12:06 p.m.)